



**State Board of Technical Education & Training, Andhra Pradesh :: Mangalagiri**

**Short-Term Professional Certificate Courses**

**Application for SBTET affiliation to New/ Existing Training Centres**

**ACADEMIC YEAR :: 2024-25**

**NOTIFICATION**

**Sub:** SBTET, A.P – Academic – Issue of Notification –Renewal / Sanctioning of Affiliation to the existing institutes, training centres /new Institutes/ Government Polytechnics to offer short-term Professional Certificate Courses/ CCIC Courses for the Academic Year 2024-25 – Intimation- Reg.

**Ref:** Note orders approved by CTE & Chairperson, SBTET, A.P, dated 18-07-2024.

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State Board of Technical Education and Training, **Andhra Pradesh**, Mangalagiri, invites applications from New Training Centres to start Short-Term Professional Certificate Courses and for Renewal of Affiliation to the existing Government Polytechnics and Training Centres under private / NGO agencies offering Short-Term Professional Certificate Courses on self-finance mode as per norms laid down for the Academic Year 2024-25.

**The application forms can be downloaded from the Notifications of SBTET website <https://apsbtet.ap.gov.in>**

The institutes/ training centres/ societies/ agencies/ NGOs can apply ONLY for the following “Short-term Professional certificate courses” offered by SBTET:

<b>S. No</b>	<b>Category</b>	<b>Name of the Certificate Course</b>	<b>Course Code</b>	<b>Duration</b>
1	HMCT	Food Production	FP	1 ½ Year
2	HMCT	Food Beverage Service	FBS	06 Months
3	HMCT	Front Office Operations	FO	06 Months
4	FT	Fashion Designing and Garment Making	FDG	1 Year
5	Safety	Industrial Safety	IS	1 Year
6	Safety	Chemical Safety Supervisor Programme	CSSP	03 Months
7	Safety	Fire Safety	FS	06 Months
8	Safety	Pharmaceutical Technology	PT	03 Months
9	Safety	Construction Safety	CS	06 Months
10	Solar Power	Solar Power Technologies	SP	06 Months
11	Cement Technology	Cement Tech-Elec. & Instrumentation	CTSE	10 Months
12	Computer courses (CCIC)	Office Automation (M.S. Office)	1	3 Months

13	CCIC	Multimedia with Basic animation	2	3 Months
14	CCIC	Auto Cad	3	3 Months
15	CCIC	PC Maintenance & Trouble shooting	9	3 Months
16	CCIC	Web Designing	13	3 Months

**The following conditions are to be fulfilled by applicants to obtain SBTET affiliation for the course(s):**

1. The institution should be run by a registered society / organization. The management of society/ organization shall have an irrevocable resolution to establish and run the proposed “Training Centre” for a minimum of two (2) years. Any change in the management structure / office bearers shall be informed to the SBTET, Andhra Pradesh.
2. The institute has to renew their affiliation by applying for each course in every academic year before the stipulated last date in the prescribed application proforma.
3. The granted SBTET affiliation enable the Training Centre to conduct the Teaching & Training activity as per the SBTET prescribed syllabus following conditions, for the academic year in question.
4. The institute should not use the affiliation accorded by SBTET, A.P for other courses of the institute.
5. It is the responsibility of the Training Centre to enroll the SBTET approved number of candidates for a course. Under no circumstances the institute or training center is permitted to exceed the SBTET approved in-take for a course. The admission process is at the institute or training center level following the Rule of Reservation while giving due importance to the merit.
6. The details of the admitted candidates should be submitted to SBTET in the prescribed proforma and uploaded the candidates’ bio-data into the SBTET Portal before the last date mentioned in the notification. The SBTET approved candidates will be allotted a unique permanent ID. The candidates with that ID only eligible for payment of examination fee.
7. The admission of students should be made on first come first service, while fulfilling the minimum eligibility/qualification criteria as per SBTE&T , A.P. norms.
8. **The affiliation will be given once in a year. Under any circumstances the intake will not be enhanced/ changed in the middle of the year.**
9. The teaching and training to the candidates should be as per the prescribed syllabus of State Board of Technical Education and Training, Andhra Pradesh, Mangalagiri.
10. The inspecting team of SBTET, A.P, can visit the institute at any time on any working day of academic calendar. Any deviation/ irregularities reported during such visits on the part of institute/ training center in any course(s) would attract de-affiliation **with immediate effect** and the institute/ training center would be black-listed.
11. **The trainees/ candidates/ students of training center/ institute should have minimum of 90% attendance for appearing for the Examination.**

12. If the failure of candidates in the end examination is more than **50% of approved intake in successive end examinations** attracts de-affiliation of the institute.
13. In case of an institute that fails to get the renewal of affiliation for any course in a particular year, the next year it has to apply as a new institute.
14. The institute should obtain prior approval of the State Board of Technical Education and Training, A.P for the change in address /change of name of the institute, if any. (complete details are available in the SBTET “Hand-Book on short-term professional certificate courses”)
15. The institutes/ training centers are not entitled to use the name/logo of SBTET, A.P, in any manner, reflecting/communicating the sense as the institute/ training center is recognized by/affiliated to SBTET, A.P / Department of Technical Education. However, it is restricted to make use to the extent of the specific courses affiliated by SBTET.
16. Any sort of misuse of affiliation accorded by State Board of Technical Education and Training, A.P in any manner shall entitle for withdrawal of affiliation & legal action.
17. Adequate safety measures for students & faculty regarding building & laboratories should be taken by the institute/ training center itself and State Board of Technical Education and Training, A.P, Mangalagiri is no way responsible for any lapse in this regard.
18. **As per 41<sup>st</sup> Board Meeting, SBTE&T, A.P will not recommend for reimbursement of tuition fee and any other fee, since the course is meant for working/ unemployed youth under self-financed mode.**
19. The Secretary, State Board of Technical Education and Training, Andhra Pradesh, Mangalagiri reserves the right for withdrawal of temporary affiliation accorded for violation of rules and regulations prescribed or to be prescribed there of as the case may be, at any time.

All the Institutes (New and Existing) can download application form and Guidelines from the website <https://apsbtet.ap.gov.in>.

The filled in application should be submitted along with

<b>Registration Fee</b> (for all)	<b>Rs. 2,000/-</b>	<b>For all Short-term Professional certificate courses including CCIC/Craft/ Land Surveying</b>
<b>Inspection Fee</b> (for Private Institutions/ Organizations)	<b>Rs. 10,000/-</b>	

**Payable through ONLINE/ RTGS to the following Bank account in favour of ‘Secretary, SBTET-A.P- payable at Vijayawada, mentioning “Affiliation Fee for Short-term Professional Certificate Courses” on the Payment Receipt.**

<b>Account Number</b>	<b>01341110004456</b>
<b>Name of the Bank</b>	<b>Union Bank of India, Ring Road branch, Vijayawada.</b>
<b>IFSC Code:</b>	<b>UBIN0801348</b>

Two sets of application along with prescribed documents and receipt of online payment mentioning the course name on the top of a Covering Letter shall be send to:

**Deputy Secretary (Academic),  
SBTET, Andhra Pradesh  
Flat No- 405, 4<sup>th</sup> floor, Garudadri K.K Towers,  
Lakshmi Narasimha Colony, Mangalagiri.  
Guntur District – 522503, Andhra Pradesh.**

**Helpdesk : 7901620556, 7901620560.  
e-mail id : academic.apsbtet@gmail.com.**

**Last date for receipt of filled in applications : 29-07-2024 5.00 PM  
Last date for receipt of filled in applications With Penalty @ Rs.4,000/- : 31-07-2024 5.00 PM**

The affiliation will be issued after inspection and fulfillment of norms of SBTET, A.P. The Inspection & Registration fee once paid will not be refunded nor adjusted under any circumstances even if affiliation is not accorded due to evasion of attending the inspection/ disqualified /did not get eligibility to accord approval or any other reason.

**Sd/- V. VIJAYA KUMAR  
Secretary, SBTET, A.P.**



**Deputy Secretary (Academic)**

**Date: 18-07-2024  
Place: Mangalagiri.**

**APPLICATION FORM**  
**FOR AFFILIATION OF NEW/ EXISTING**  
**Short-Term Professional Certificate Courses**  
**FOR THE ACADEMIC YEAR**  
**2024 – 25**



**STATE BOARD OF TECHNICAL EDUCATION & TRAINING, Andhra Pradesh**  
4<sup>th</sup> Floor, Garudadri K.K. Towers, Lakshmi Narasimha Colony,  
Mangalagiri, Guntur Dist -522503  
Helpdesk: 7901620556, 7901620560

Website: <http://apsbtet.gov.in>

**Important Note:**

- 1. Check whether all the required documents are enclosed before submitting the same to the SBTET, AP, Mangalagiri.**
- 2. Submit the xerox copy of the application to the inspecting officers appointed by the Board.**
- 3. The Institute should be run by the registered organization/ Society.**
- 4. A maximum of 30 candidates for each course for each batch should be admitted by the institute, extra admissions will not be approved**
- 5. Existing courses can be changed but from the SBTET list of courses only**
- 6. Variation in in-take can be applied for existing courses following the conditions of SBTET, AP**
- 7. Registration/ Inspection fee once paid will not be refunded nor adjusted under any Circumstances.**

**APPLICATION FORM FOR RENEWAL / NEW AFFILIATION  
FOR SHORT-TERM PROFESSIONAL CERTIFICATE COURSES  
FOR THE ACADEMIC YEAR 2024-25**

Registration & Inspection fee : Rs. 12,000/-

**1. Institute Details:** (Please furnish the latest Mobile Nos.)

<b>Name of the Institution</b>	
<b>Complete Address of the Institution with nearest land mark and PIN code to locate the Institution Address</b>	
<b>Mobile Number:</b>	
<b>Email-id:</b>	
<b>Institute type</b>	<b>Govt. / Under Society/Trust/ N.G.O.</b>
<b>List of other Activities of the Institute</b>	

**2. Society Details:**

<b>Name of the Society under which the Institute is functioning</b>	
<b>Address of the Society</b>	
<b>Phone Number</b>	
<b>Email-ID</b>	
<b>Society Registration No. &amp; Date</b>	
<b>Registered under which Act (Enclose copy of Registration certificate)</b>	<b>Trust Act / Society Act</b>
<b>Has society passed resolution to conduct the applied training course (If YES – enclose copy of resolution)</b>	<b>YES / NO</b>

**3. Course(s) proposed/ continued for the Academic year 2024-25**

Category	Course Title	Duration of Course (in Months)	Entry level Qualifications specified by SBTET	Proposed Intake	No. of Batches	Application TYPE (New course/ existing course)

**4. Details of Registration & Inspection Fee: (To be paid ONLINE)**

Amount	Date of Transaction	Name of the Bank	Transaction Details

5. Category of Institution proposed (Please tick the appropriate choice and strike-off the other):  
**Self-Financing / Central Govt Scheme / State Govt Scheme / Govt Aided**

6. **Building** details for exclusive use of the proposed institution at the **location of address mentioned**

i) **Whether the Building is exclusively allotted to the Proposed Institution? YES / NO**

ii) Carpet area available either exclusively or earmarked for said purpose: (A separate annexure prepared by an Architect to be enclosed for this purpose along with Plan showing the Furniture layout for each room)

ROOMS (Title of the Room as per its functional usage)	Number	Size of the Room (feet)		Area in Sq. ft
		Width	Length	
Class Room 1				
Class Room 2				
Class Room 3				
<b>Laboratories</b>				
<Name of Lab>				
<Name of Lab>				
Office				
Society Office (If attached to institution)				
Principal room				
Other Areas				
<b>TOTAL</b>		-----	-----	

7. **Faculty Details:**

(Existing or identified faculty for proposed courses along with Offer and acceptance letters from faculty)

S. No	Name and Designation of the faculty	Qualifications			Experience (in years)	Type of appointment (Regular/ Guest)
		General/ Technical Qualifications	University/ agency Year of passing	% age of marks		

8. **Lab Tools & Equipment to be procured as per the proposed courses and Compliance report shall be submitted along with Bills and Vouchers.** (The inspecting committee shall physically verify the working condition of equipment)

9. **SBTET affiliation details:**

i) Is the institute already affiliated : YES / NO

if YES, the year of latest affiliation : 20..... (enclose copy)



ii) *Is the latest application is rejected* : **YES / NO**

if yes, when and why the proposal was rejected? Please give details.

<b>Year of application</b>	<b>Courses applied</b>	<b>Accepted or Rejected</b>	<b>Reasons for Rejection</b>

iii) *Applied for variation in in-take for the existing course(s)* : **YES / NO**

*If YES please give the details:*

<b>Category</b>	<b>Course Title</b>	<b>Duration of Course (in Months)</b>	<b>Existing in-take (as per previous affiliation)</b>	<b>Proposed in-take</b>	<b>Existing No. of Batches</b>	<b>Proposed No. of Batches</b>

Signature of the applicant with Seal

Place:

Name: \_\_\_\_\_

Date:

Designation: \_\_\_\_\_

**DECLARATION**

I / We....., on behalf of ..... hereby undertake to comply with the Norms and Standards and Regulations of SBTET, AP. I / We do undertake to furnish the documents as may be stipulated in the letter of intent if issued in favor of our Society / Trust/ Applicant, within the stipulated period, failing which, my / our proposal shall be liable to be rejected by the SBTET, AP. I / We agree to fulfill all the conditions as may be stipulated by SBTET, AP from time to time.

I / We hereby confirm that all the information furnished in the application is true to the best of my / our knowledge and belief and if any information is found to be false, my / our proposal may be rejected.

(Authorized Signatory of the Applicant)

Place:

\_\_\_\_\_

Name:

Date:

\_\_\_\_\_

Designation:

**(Seal)**

Note: Canvassing without affiliation in any form will cause the rejection / non-consideration of application.

**UNDERTAKING TO BE SIGNED BY THE HEAD OF ORGANATION & INSTITUTION**

1. I declare that I will follow and adhere strictly to all the rules and regulations for affiliation laid down by the State Board of Technical Education& Training, AP from time to time.
2. I undertake that the Institute will not use the name or the monogram of the SBTET, AP in our advertisements, pamphlets, rubber stamps, letter heads or for any sort of canvassing without board approval
3. **I undertake to admit approved number of candidates for each course within the time schedule given in the notification.**
4. I declare that the Institute is using commercial LPG connection only for the Institutional purpose.
5. **I undertake that the Institute will apply for renewal of affiliation as per the schedule given in the SBTET, AP notification every year.**
6. I will not change the Institution premises from approved plan to other without prior permission from SBTET, AP, Mangalagiri.
7. I undertake that the Institution will not misuse the affiliation accorded by SBTET,AP in any manner.
8. **I undertake that the Institute/ Training Centre will take adequate safety measures for trainees & trainer. A notarized affidavit is submitted**
9. **I undertake that the indemnity bond will be obtained from the trainees and their parents.**
10. **I undertake that a General insurance policy will be taken for the trainees**
11. I declare that the Institution has appointed sufficient number of full time qualified trainers for each course as per SBTET, AP
12. **I will not change the name of the institution/Society/Trust without prior approval from SBTET, AP, Mangalagiri.**
13. **I enclose here with the copy of Rental deed / Lease deed / Owner ship documentfor the current academic year.**
14. **In the event of non-compliance of the above conditions, or any government norms in this regard I will accept for the action taken by SBTET, A.P, Mangalagiri in any manner including penalty or de-affiliation of the course/ courses.**

**Signature of the  
Head of the organization**

**Name:**

**Address:**

**Seal of the Instite/ training center**

## **CHECK - LIST OF ENCLOSURES**

### **List of documents to be submitted**

<b>Annexure</b>	<b>Details</b>
I	<b>Society/Trust Registration</b> Registration document of the applicant Society/Trust
II	<b>Land documents, if Land is owned by the applicant society/Trust or lease document</b>
III	External and Internal Photographs (hard & soft copies) of the building if any , duly attested by the applicant with seal on the backside with date. (to be kept in an album intact and super scribing the Title of the Institution, address and date)
IV	Faculty Particulars a) Certificates of qualifications b) appointment letter c) acceptance letter
V	Lab Tools & Equipment and books for the proposed courses (Purchase bills/ delivery challans of equipment / machines / tools)
VI	Notarized affidavit with an undertaking for the safety measures at the training center/ institute for the safety of trainees and trainers. Also undertake the full responsibility of any unforeseen incidents/ losses
VII	Other relevant documents, if any in support of the application viz., previous year's affiliation letters.

**(Signature of Authorized Representative of the  
Proposed Institution with Name and Designation)**

## ACKNOWLEDGMENT

Date: \_\_\_\_\_

From:  
Secretary,  
State Board of Technical Education and Training,  
4th floor, Garudadri K.K. Towers,  
Lakshmi Narasimha Colony,  
Mangalagiri, Guntur Dist -522503  
Andhra Pradesh

To

**The Secretary / Registrar / Director / Principal (To be filled by the applicant)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sir,

This is to acknowledge the receipt of your application for affiliation of certificate courses offered by private institutions for the academic year 2023-24.

Courses applied	Applied in-take

Registration & Processing fee details:

Transaction. No.

Bank:

Amount:

Date:

**SBTET Office file no** is \_\_\_\_\_ (to be filled by the O/o SBTET).

Kindly quote the File No in all your future correspondence with SBTET Office.

**Secretary**  
**State Board of Technical Education & Training,**  
**Andhra Pradesh**